

# “24” – Hours to Discharge after Robotic Surgery for Complex Gynecologic Malignancies (Standards of Care Even Jack Bauer Couldn’t Achieve)

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# "24" – Hours to Discharge after Robotic Surgery for Complex Gynecologic Malignancies

(Standards of Care Even Jack Bauer Couldn't Achieve)

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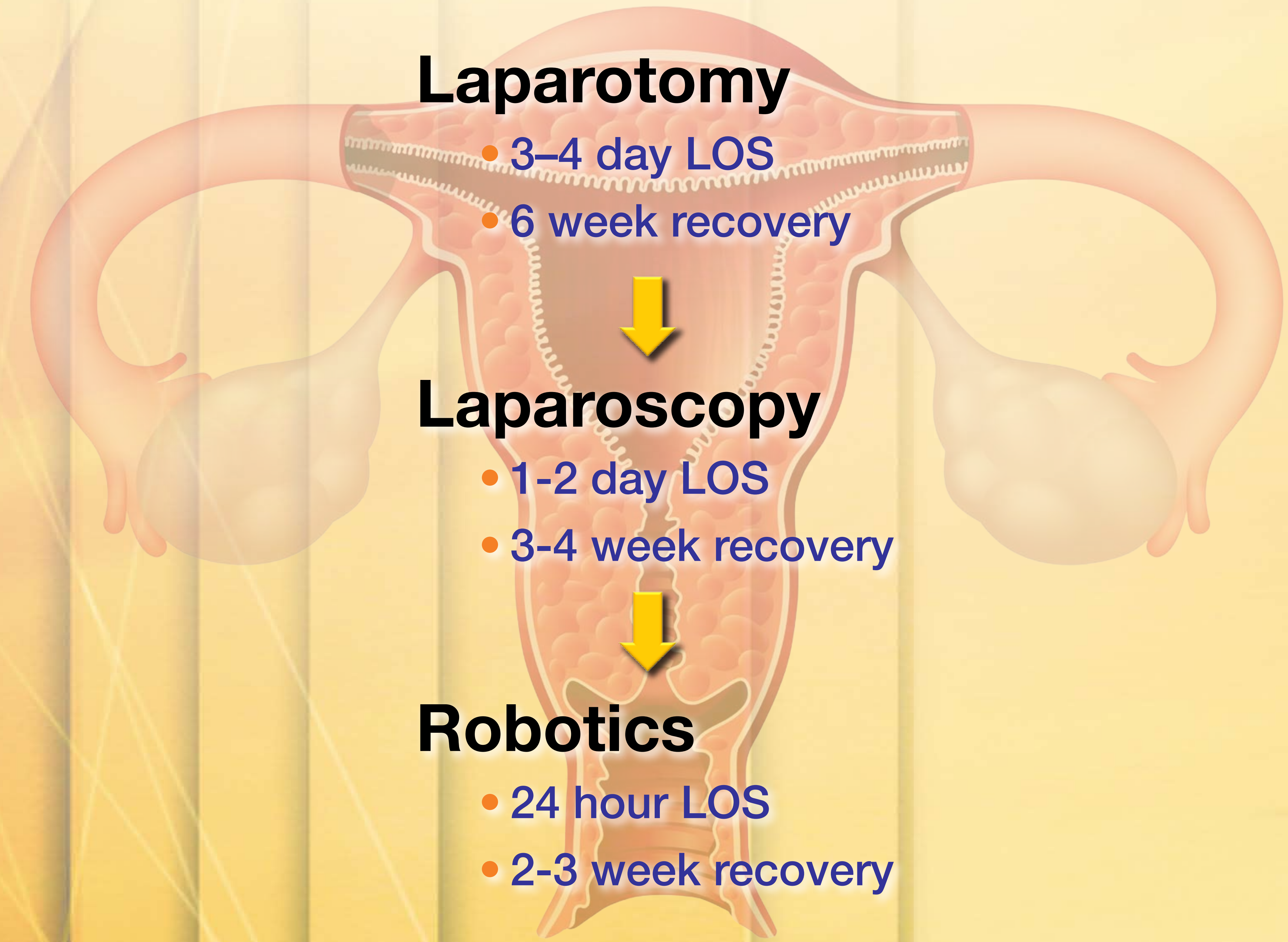
- Problem Statement**
- Discuss implications of utilizing robotic assisted surgery for the gynecologic oncologic population.
  - Discuss nursing considerations in the care of the gynecologic oncologic patient status post robotic assisted surgery.
- Significance**
- Robotic assisted surgery is a leading edge technology fast becoming the standard of care.
  - Because it is less invasive and does not require large incisions, minimally invasive robotic procedures are ideal for many gynecologic surgeries.



## 1st 12 Hours

- 1000** • **Admission** to Surgical Staging Unit
- 1200** • **Operating Room**
  - Steep Trendelenberg positioning
  - Specimens to pathology
- 1400** • **PACU**
  - Assessment of facial/laryngeal/scleral edema
- 1500** • **Inpatient Unit** – Assessment of:
  - Urine output  $\geq$  30 ccs per hour
  - Surgical sites
  - Nausea/vomiting
  - Oxygen status
  - IV pain control
- 1700** • Diet advancement to clear liquids  
• Incentive spirometry teaching

## Technology Revolution for Hysterectomies



## 2nd 12 Hours

- 0400** • AM labs
  - CBC, CMP, Mag, Phos
- Urinary catheter removal
- 0600** • Diet advancement to regular
- Oral pain control
- Ambulation
- Post-urinary catheter removal voiding trial
- Oxygen weaning in process
- Reinforcement of incentive spirometry
- 1000** • **Discharge** after assuring:
  - Adequate nausea control
  - Positive bowel sounds



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